



**MODULE E**  
**Performance Measure Review**



**Date:**

**Visit Number:**

**Agency (Legal Applicant):**

**Program Name:**

**Physical Address:**

**Mailing Address (if different):**

**Phone:**

**Fax:**

**E-Mail:**

**GFBCI Commission Staff Completing Site Visit:**

**Program Staff Present:**

**Name:**

**Title:**

**Name:**

**Title:**

**Name:**

**Title:**

**Name:**

**Title:**

**Name:**

**Title:**

**Notes:**

## **I. Performance Measures**

**Program has identified at least 3 outcome measures (*List*)**

**1.**

**2.**

**3.**

**Other:**

**How does program collect data? (*Attach data collection instrument*)**

**What is the frequency of data collection?**

**Who is responsible for data collection?**

**How is raw data compiled?**

**Does data entered into WBRS correspond with data viewed during site visit?**

**Is program meeting or exceeding their objectives?**

**Is program utilizing the information captured to make any programmatic adjustments?**

**Does program need additional technical assistance with performance measures?**

***Notes/Recommendations:***